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DEPARTMENT OF THE NAVY
Office of the Chief of Naval Operations
Washington, DC 20350-2000
and
Headquarters, United States Marine Corps
Washington, DC 02380-1001

OPNAVINST 6320.7
OP-933G/CMC(MED)
11 August 1986

OPNAV INSTRUCTION 6320.7

From: Chief of Naval Operations
Commandant of the Marine Corps
To: All Ships and Stations

Subj: HEALTH CARE QUALITY ASSURANCE
POLICIES FOR OPERATING FORCES

Ref: (a) NAVMEDCOMINST 6320.7 (NOTAL)
(b) OPNAVINST 6320.4
(c) NAVMEDCOMINST 6320.8 (NOTAL)
(d) OPNAVINST 6320.5

Encl: (1) Definitions
(2) Operational Forces Medical and Dentistry Privileges
(3) Professional Qualifications
(4) Appeal Authorities and Review Authorities
(5) Operational Forces Medical and Dentistry Occurrence Screens

1. Purpose. To establish policy, prescribe procedures, and assign responsibilities regarding the quality assurance of health care provided the operating forces.

2. Background. The Chief of Naval Operations and the Commandant of the Marine Corps are committed to providing the highest quality health care to our operating forces. This instruction requires a Quality Assurance Program of sufficient scope to identify and resolve problems so that patient care will continually improve. The elements of this program consist of establishing standards for the initial and periodic review of credentials, granting of privileges, and monitoring the quality of health care provided.

3. Applicability and Scope. The provisions of this instruction apply to all credentialed and noncredentialed health care providers assigned to the operating forces of the Navy and Marine Corps.

4. Definitions. The terms used in this instruction are defined in enclosure (1).

5. Policy. It is Department of the Navy policy that all health care providers assigned to operational forces:

a. Participate in ongoing monitoring and evaluation to identify and resolve problems which impact directly or indirectly on patient care. The findings of this program will be used in the periodic credentials review or evaluation of

all health care providers. Methodologies which may be utilized in implementing this program may be found in reference (a).

b. Be credentialed at least biannually, per reference (b), or be qualified to provide health care in accordance with specific Personal Qualification Standards.

c. Be granted clearly delineated privileges or be qualified separately for each specific facility; i.e., hospital ship, sick bay, or other, where they are assigned. At the option of the commander, privileges granted to a provider may be used at any facility under the cognizance of the commander.

6. Responsibilities**a. Director, Naval Medicine will:**

(1) Establish program policy and oversee its implementation and coordination by Fleet Commanders-in-Chief and the Fleet Marine Force (FMF) Commanders.

(2) Assist in developing the list of qualifications and standards for noncredentialed health care providers.

(3) Provide guidance and advice as requested.

b. The Deputy Chief of Naval Operations for Manpower, Personnel and Training will develop in cooperation with the Director, Naval Medicine, the list of qualifications and standards for noncredentialed health care providers.

c. The Fleet Commanders-in-Chief and Fleet Marine Force (FMF) Commanders will:

(1) Assume overall program oversight and coordination.

(2) Incorporate the directives of this instruction into Quality Assurance and Credentialing Programs of sufficient scope to assure current clinical competence of all health care providers.

(3) Establish agreements with geographic commands of the Naval Medical Command (via letter or memorandum of understanding) to obtain necessary support and assistance.

(4) Establish protocols for battle group commanders to effectively monitor and control medical care across type command lines during operations.

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d. The Commander, Naval Medical Command will:

(1) Direct commanders of geographic commands of the Naval Medical Command to provide necessary support and assistance.

(2) Incorporate Operational Medicine clinical privilege lists (enclosure (2)) into reference (c).

7. Qualifications. Professional qualifications for health care providers assigned to operating forces are defined in enclosure (3).

8. Credentialing and Privileging Procedures

a. Temporary and defined privileges are granted by the commanding officer of the unit in which the privileges will be exercised; e.g., commanding officers of ships and battalions. The commander may rely on peer evaluations and recommendations regarding granting of privileges obtained from credentials committees established in accordance with the following guidance:

(1) Credentials committees for operating forces units will normally be established by the type/FMF commander and will consist of medical and dental officers assigned.

(2) Commanding officers of aircraft carriers may be authorized by their type commanders to establish committees from among appropriate officers on board.

(3) Commanding generals of Marine divisions, aircraft wings, force service support groups, and the Commanding General, First Marine Amphibious Brigade may be authorized by their respective FMF commanders to establish committees.

(4) Joint committees of collocated operating forces and Naval Medical Command facilities may be authorized by the appropriate type/FMF commander.

b. Credentials files will be maintained and held by the committees established in accordance with above guidance. A copy of the file will be provided to the commanding officer of the unit to which the provider is assigned.

c. A provider reporting for duty will be granted temporary privileges in accordance with reference (b) based on a review of the providers credentials file. During the temporary privileges period, the commanding officer shall be provided assistance from the credentials committee in evaluating the provider's performance. Upon receipt of the recommendation of the credentials committee, delineated privileges will be granted for a period of 2

years and shall be based upon demonstrated current clinical competence as monitored by the Quality Assurance Program.

d. When competence is questioned, the credentials committee, at the commanding officer's request, will review a provider's performance. If further professional assistance is required, the commanding officer may request the assistance of the nearest echelon 3 geographical naval medical command.

e. Handling of allegations of misconduct or substandard care and reporting of same will be in accordance with reference (d).

f. Adverse action will follow the guidelines of reference (c). In implementation of the fair hearing plan, appeal and review authorities are located at enclosure (4) of this instruction.

9. Personal Qualification Standards Review Process. The type/FMF commander or a designated medical/dental officer shall conduct a thorough evaluation of the current competency of each noncredentialed health care provider assigned to the operating forces every year or more frequently as required. This evaluation shall be in writing, shall address Personal Qualification Standards, shall utilize quality assurance monitoring of care provided, and shall be forwarded to the commanding officer of the unit to which the provider is assigned.

10. Quality Assurance Program

a. The program must be of sufficient scope to identify and resolve problems which impact on patient care. The findings and results of the Quality Assurance Program shall be utilized in the periodic credentials review or evaluation of all health care providers assigned to the operating forces.

b. A written evaluation of the Quality Assurance Program shall be submitted yearly by the type/FMF commander to the Fleet Commander-in-Chief or to the Commandant of the Marine Corps, as appropriate. This report shall include actions taken to resolve identified problems which impact adversely on patient care.

c. The type/FMF commander shall arrange a sufficient number of consultative visits or inspections by a knowledgeable person or team from outside the operational unit. This team will review procedures, logs, and records for the purposes of assessing the care given and attempting to identify problems. The team will be assembled from within operating forces resources if possible. If not, the geographic commands of the Naval Medical Command will be asked for assistance. Problems

which are identified shall be documented and tracked by the type/FMF commander until they are resolved.

d. An additional method of evaluation will be ongoing monitoring of occurrence screens. This will consist of reviewing records (after each sick call visit, sick bay admission, or randomly) against a list of adverse occurrences developed by the Director, Naval Medicine, and approved/modified by the local commander (enclosure (5)). This initial check off is done by the provider or a "clerk" screener. The occurrences are reviewed during consultative visits or inspections for accuracy and compliance.

T. R. MORGAN
Assistant Commandant of the Marine Corps

e. At all times, commanding officers have the ultimate accountability for the health and welfare of their personnel. When on extended deployment, the monitoring of the quality of health care rendered by independent, noncredentialed health care providers must be continued in an effective manner, with the provision to responsive physician support when indicated. With this in mind, emphasis shall be placed upon evaluation of independent nonphysician health care providers' patterns of health care, consultation, and referral (medical evacuation).

11. **Report.** Symbol OPNAV 6320-1 is assigned to the reporting requirement in paragraph 10b and is approved for 3 years only from the date of this instruction.

J. B. BUSEY
Vice Chief of Naval Operations

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DEFINITIONS

1. Medical and dental treatment facilities within the operating forces are:

a. Medical and dental facilities ashore and afloat (hospital ships, sick bays, and aboard ship) which are not under Naval Medical Command claimancy.

b. Medical and dental units of the Fleet Marine Forces.

c. Medical and dental units in support of construction battalions.

2. Credentialed Health Care Providers under OPNAVINST 6320.4 assigned to the operating forces are:

a. Physicians

b. Dentists

c. Nurse Anesthetists

d. Physician Assistants

3. Noncredentialed Health Care Providers. The types of noncredentialed health care providers included within this generic definition are designated as follows:

a. Diving Medical Technician (HM-8493).

b. Field Medical Service Technician (HM-8404).

c. Advanced Hospital Corpsman (HM-8425).

d. Nuclear Submarine Medicine Technician (HM-8402).

e. Special Operations Technician (HM-8492).

f. General Duty Corpsman (HM-0000) only when assigned to function as a nonphysician health care provider.

g. Dental technicians when assigned to function as a nondentist health care provider.

Enclosure (1)

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4. Military Sealift Command Medical Care Providers include all credentialed and noncredentialed, assigned to the operating forces of Military Sealift Command regardless if the health care provider is active duty, civil service, or civilian contractor where the quality of health care for active duty, civil service, or sponsor contract personnel is concerned. The providers, in addition to those listed above, include but are not limited to:

a. MSC Nurse - a civil service nonphysician health care provider who may be either a licensed nurse, physician assistant, or retired/independent duty corpsman. These health care providers will provide medical care at the level of care of advanced hospital corpsman (HM 8425) with appropriate papers from United States Coast Guard.

b. Master/First Officer - performs as a health care provider when no MSC Nurse or Advanced Hospital Corpsman (HM-8425) is attached in accordance with national and international maritime policy and tradition.

5. Commanding officer, for purpose of this instruction, is synonymous with ship's master and commander(s) of Military Sealift Command.

OPERATIONAL FORCES AND MEDICAL AND DENTISTRY PRIVILEGES

OPERATIONAL MEDICINE PRIVILEGES

NAME _____

1 2 3

Class I

Treatment and management of uncomplicated problems.
(In cases in which doubt exists, consultation is
required.)

- ___ Local infiltration anesthesia, topical application
and minor nerve block
- ___ Treatment of uncomplicated dermatological
conditions
- ___ Treatment of uncomplicated allergic conditions
- ___ Treatment of uncomplicated rheumatological
conditions
- ___ Treatment of uncomplicated cardiac diseases
- ___ Treatment of uncomplicated gastrointestinal
diseases
- ___ Treatment of uncomplicated hematological diseases
- ___ Treatment of uncomplicated hepatic diseases
- ___ Treatment of uncomplicated hypertension
- ___ Treatment of uncomplicated metabolic/endocrine
diseases
- ___ Treatment of uncomplicated pulmonary diseases
- ___ Treatment of uncomplicated renal diseases
- ___ Treatment of uncomplicated otorhinolaryngological
conditions
- ___ Treatment of uncomplicated urological complaints
- ___ Perform gynecology screening examinations
- ___ Perform PAP smears
- ___ Treatment of uncomplicated gynecological conditions

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OPERATIONAL MEDICINE PRIVILEGES

NAME _____

1 2 3

Class I

- ☐ Visual screening
- ☐ Tonometry
- ☐ Interpret audiogram
- ☐ Reduction of simple nasal fractures
- ☐ Counseling for adjustment reactions and drug and alcohol abuse
- ☐ Perform fitness for duty examination
- ☐ Examine x-ray for gross abnormalities involving fractures of extremities, spine, skull/facial bones, pelvic, acute pulmonary problems, acute abdomen, various disease processes or retained foreign bodies.
- ☐ Excision of superficial cyst
- ☐ Removal of foreign body by forceps or superficial incision
- ☐ Incision and drainage of abscess
- ☐ Suture of minor laceration
- ☐ Excision biopsy of skin
- ☐ Cut down, intravenous
- ☐ Perform common military physical examinations except aviation, undersea, and slit lamp exams.
- ☐ Treatment of common musculoskeletal problems
- ☐ Cast application for simple fracture

Enclosure (2)

OPERATIONAL MEDICINE PRIVILEGES

NAME _____

1	2	3

Class I

___ Minor burns

1	2	3

Class II

- ___ Excision of Subcutaneous Tumor
- ___ Major lacerations involving more than one layer of closure
- ___ Acute respiratory illnesses, including acute respiratory failure
- ___ Acute cardiac emergencies including cardiac failure, myocardial infarction, cardiac arrhythmias
- ___ Poisoning
- ___ Near drowning
- ___ Thermal injuries
- ___ Patients with altered consciousness
- ___ Severe head, neck trauma
- ___ Simple closed fractures, definitive care
- ___ Minor abscesses, thrombosed hemorrhoids, infected ingrown nails
- ___ Acute psychiatric illness
- ___ Removal of foreign bodies on cornea or conjunctiva
- ___ Alcohol overdose and withdrawal syndrome
- ___ Management of multiple trauma victims (ATLS)
- ___ Superficial gunshot wounds or knife injuries

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OPERATIONAL MEDICINE PRIVILEGES

NAME _____

1 2 3

Class II

- ___ Severely burned patient (initial evaluation)
- ___ Animal and human bites
- ___ Eye trauma or illness
- ___ Uncomplicated pneumothorax
- ___ Acute compartment compression syndrome
- ___ Lumbar puncture as a diagnostic technique
- ___ Treatment of closed dislocation
- ___ Perform arthrocentesis
- ___ Obtain arterial blood gases
- ___ Diagnose decompression sickness, initiate treatment, and arrange for further definitive treatment as required
- ___ Treatment of common conditions associated with diving
- ___ Provide family planning counseling
- ___ Basic introduction to nuclear biological and chemical casualties

OPERATIONAL MEDICINE PRIVILEGES

NAME _____

1	2	3

Class III

- Thoracentesis and placement of intrathoracic suction
- Use of ventilator (mechanical) and application of arterial/venous blood gas data in the use of same

Additional Privileges

(Indicate class for each privilege)

Special Procedures

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OPERATIONAL FORCES DENTISTRY

NAME _____

Operational Dentistry. All dental officers, regardless of their specialty, with PCS orders to the operating forces, need to demonstrate they are qualified in the Operational Forces Dentistry. Privileges marked with an asterisk (*) are highly desirable but not required.

1	2	3

Class I

- ___ Oral prophylaxis, scaling, oral hygiene counseling, and application of topical fluoride and occlusal sealants
- ___ Expose, process, and interpret radiographs
- ___ Routine oral diagnosis
- ___ Treatment of localized oral infections
- ___ Local infiltration anesthesia and dental nerve blocks
- ___ Routine operative dentistry
- ___ Extracoronary periodontal splint
- ___ Splinting of traumatically mobilized teeth
- ___ Routine, uncomplicated prosthetics requiring single tooth replacement with fixed partial dentures
- * ___ Complete dentures on good ridges and tooth supported removable partial dentures
- ___ Surgical fenestration, pulpotomy, pulpectomy, and anterior endodontics
- ___ Replantation of avulsed teeth
- ___ Surgical incision and drainage
- ___ Minor repair of prosthetic appliances
- ___ Extraction of fully erupted teeth
- ___ Current certification in BLS

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OPERATIONAL FORCES DENTISTRY

NAME _____

1	2	3

Class I

- ___ Attendance of C-4 Course or ATLS required
- ___ Attendance of Casualty Treatment Training Course in the past 5 years

1	2	3

Class II

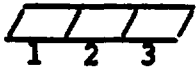
- ___ Oral diagnosis, treatment planning, and health history evaluation
- ___ Treatment of oral manifestations of systemic disease
- ___ Complex operative dentistry
- ___ Single-unit cast restorations
- * ___ Multiunit cast restorations
- ___ Reline and rebase prostheses
- * ___ Prosthodontic treatment of malposed teeth, removable partial dentures, and complete dentures with moderate ridge support
- ___ Uncomplicated posterior endodontics
- ___ Anterior dowel and core crowns
- ___ Apicoectomy
- ___ Treatment of early periodontitis
- ___ Root planing
- ___ Removal of soft tissue impacted teeth
- ___ Reduction of TMJ dislocation

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OPERATIONAL FORCES DENTISTRY

NAME _____

- ___ Routine biopsy
- ___ Repair of simple traumatic wounds
- ___ Stabilization of jaw fractures



Class III

- ___ Limited capability in bony impacted tooth removal
- ___ Repair of traumatic wounds
- ___ Forensic oral pathology examination

Additional Privileges
(Indicate class for each privilege)

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PROFESSIONAL QUALIFICATIONS

1. Physicians

- a. Graduation from an accredited school of medicine or osteopathy.
- b. Completion of at least one year GME in a Naval Medical Command (NAVMEDCOM) facility; or
- c. Completion of at least one year at a NAVMEDCOM facility if GME was obtained elsewhere; or
- d. Completion of six months active duty after completion of GME-1 training to include completion of training at Officer Indoctrination School, the Naval Undersea Medical Institute, the flight surgeon course at Naval Aerospace Medical Institute, or the Surface Medicine Institute.
- e. Certification in Advance Cardiac Life Support (ACLS) and completion of Combat Casualty Care Course (C4) with Advanced Trauma Life Support (ATLS) certification are required. (A)

2. Dentists

- a. Graduation from an accredited school of dentistry.
- b. Completion of at least one year of assignment in a NAVMEDCOM facility.
- c. BCLS (or equivalent) certification.
- d. Attendance at Casualty Treatment Training Course within the past five years.
- e. ACLS, ATLS, or C4 completion are desirable, but not required. (R)

3. Non-credentialed Health Care Providers

- a. There will be an analogous system with a listing of required competencies (knowledge and skills) which lead to specified duties and responsibilities. These competencies will consist of Personal Qualification Standards (PQS) which will establish criteria for assignment and be the standards against which supervision and evaluation shall be accomplished yearly or more frequently as required.
- b. Questions of competency can be evaluated in the same manner as for physicians and dentists.

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APPEAL AUTHORITIES AND REVIEW AUTHORITIES

1. For all ships, other than aircraft carriers, and for the senior medical officers/senior dental officers on aircraft carriers:

a. Appeal Authority - Fleet CINC's

b. Review Authority - OP-093

2. For aircraft carriers (other than the senior medical officers/senior dental officers):

a. Commands Appeal Authority - Type

b. Review Authority - (1) Fleet CINC's
(2) OP-093

3. For the Marine Corps:

a. Appeal Authority - FMF

b. Review Authority - (1) CMC
(2) OP-093

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OPERATIONAL FORCES MEDICAL AND DENTISTRY OCCURRENCE SCREENS

MEDICAL OCCURRENCE SCREENING LIST

1. Cardiac/respiratory arrests and all deaths
2. Readmission to sick bay for same problem
3. Unplanned return to surgery
4. Inadequate preanesthesia information
5. Significant drug reaction
6. Error in medication, transfusion, treatment, or procedure
7. IV therapy complications
8. Postoperative wound infection/wound related problems
9. Injury to patient
10. Incomplete medical record entries
11. Inadequate followup on abnormal lab/x-ray results

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DENTAL OCCURRENCE SCREENING LIST

1. Death
2. Hospital admissions
3. Unanticipated loss of a tooth
4. Postoperative infections
5. Incomplete/revised treatment plans
6. Treatment failures
7. Single tooth extractions excluding third molars
8. Drug reactions
9. Reinjection of local anesthetics
10. Postoperative treatment
11. Medication usage
12. Consultation/referrals
13. Patient complaints
14. After hours emergency treatment
15. Dental classification
16. Legibility